



Collinsville High School  
 Athletic Department  
 c/o Collinsville High School  
 2201 South Morrison Ave.  
 Collinsville, IL 62234  
 618-346-6320  
 Fax: 618-346-6336



## TRANSPORTATION RELEASE FORM

This form must be signed **PRIOR** to the event in which the student will be riding home with a designated adult. This form must be turned into the Athletic Director.

Students may ride home from an event with their **PARENT OR A DESIGNATED ADULT ONLY.**

The signature on this form verifies that you are taking responsibility for the student's safe return home. Collinsville High School will not be held responsible for the party mentioned below once he/she is released from their supervision and custody.

\_\_\_\_\_  
 Athletic Event

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Adult Driving

**PRINT STUDENT NAME(S) BELOW**

**PARENT SIGNATURE(S) BELOW**

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

*Athletic Director Signature* \_\_\_\_\_

**TURN IN COMPLETED FORM TO THE ATHLETIC DIRECTOR**